



STATE OF C O N N E C T I C U T
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING
SERVICES OFFICE OF STATE FIRE MARSHAL

TO: ALL CARNIVAL AND CIRCUS COMPANIES

Dear Sir:

Enclosed please find Carnival/Circus License application forms that are currently being used by the Department of Public Safety, Bureau of Investigation & Enforcement.

It is the responsibility of the applicant to complete form SP-884-C attached, forward it to the State of Connecticut Insurance Department, P.O. Box 816, Hartford, Connecticut 06142-0816 (Phone (860) 297-3869) for approval in compliance with attached letter of insurance requirements, and return it to the Bureau of Investigation and Enforcement at least ten (10) days prior to the event.

Incomplete applications and applications received without the completed SP-884-C attached and the fee of \$50.00 will be returned to the applicant.

Permission is granted to duplicate attached forms locally.

If you have any questions concerning this matter, please contact this office at (860) 685-8470.

Very truly yours,

Bureau of Investigation & Enforcement

Enclosures

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
BUREAU OF INVESTIGATION AND ENFORCEMENT
1111 COUNTRY CLUB ROAD, MIDDLETOWN, CT 06457**

APPLICATION TO CONDUCT A CIRCUS OR CARNIVAL

Applicants Instructions

1. Print or type all responses.
2. Complete Application, Insurance Certification as per cover sheet.
3. Enclose application fee of \$50.00 for each Application made payable to Treasurer, State of Connecticut.
4. Applications must be submitted to Investigation and Enforcement Unit at least 10 days prior to the event.
5. Circus applications require a certificate of flame resistance.

TYPE OF EVENT _____
COMPANY NAME , ADDRESS AND PHONE NUMBER CONTRACTED TO CONDUCT EVENT:

COMPANY OWNERS SOCIAL SECURITY NUMBER: _____
FEDERAL EMPLOYERS IDENTIFICATION NUMBER: _____
NAME, ADDRESS AND PHONE NUMBER OF SPONSORING ORGANIZATION _____

NAME AND PHONE NUMBER OF SPONSOR REPRESENTATIVES:

DATES OF EVENT: _____
INSPECTION DATE: _____ **AT:** _____
LOCATION OF EVENT: _____

NUMBER OF RIDES: _____
CIRCUS TENT SIZE: _____
SEATING CAPACITY: _____
CIRCUS SHOW TIMES: _____

_____ **DATE** _____ **SIGNATURE OF APPLICANT**
.....

FILE #: _____
CHK#: _____
AMT: _____
DATE OF DEPOSIT: _____

**STATE OF CONNECTICUT
STATE INSURANCE DEPARTMENT
P O BOX 816
HARTFORD, CT 06142-0816**

**AMUSEMENTS
PROOF OF FINANCIAL RESPONSIBILITY**

AMUSEMENT _____

PARK NAME _____

ADDRESS _____

FROM _____ **TO** _____

The above named Amusement Park has complied with Section 29-139 of the Connecticut General Statutes relating to financial responsibility for the operation of amusements.

By _____
State Insurance Commissioner

MAIL THIS FORM TO THE ADDRESS LISTED ABOVE TO BE SIGNED BY THE STATE INSURANCE COMMISSIONER. WHEN SIGNED INCLUDE IT WITH APPLICATIONS FOR AMUSEMENT PARK RIDES AND MAIL TO THE BUREAU OF INVESTIGATION AND ENFORCEMENT, MIDDLETOWN, CT.

SP-884-C

AMUSEMENT RIDE QUALIFIED INSPECTOR / ENGINEER

Danny C. Abner
76 Coastal Drive SW
Supply, North Carolina 28462
Work – 910-754-2623
Cell – 910-279-6018

Daniel W. Dudley
908 Beechfield Avenue
Baltimore, Maryland 21229
Work – 410-247-0919
Cell – 410-336-3207

Oleg A. Faigel
20 Vista Terrace
New Haven, Connecticut 06515
Home – 203-672-1309
Cell – 203-606-0800

Arthur Falcone
P.O. Box 156
East Haddam, Connecticut 06423
Work – 860-873-8464

Francis X. Guenthner
716 Hunt Club Lane
Chester Springs, PA 19425
Work – 610- 594-6261
Cell – 484-432-8600

Michael A. Hupalo
16065 Narrow Street
Brooksville, Florida 34609
Work – 352-797-9292
Cell – 352-585-7955

Edward A. LaSalle
P.O. Box 154
Berrysburg, Pennsylvania 17005
Work – 717-362-3841
Cell – 717-979-4749

Timothy Lundy
P.O. Box 93496
Lakeland, Florida 33804-3496
Home – 863-853-8359
Work – 863-816-1862
Cell – 863-602-8674

Lewis J. Merz
1413 Malabar Lakes Drive NE
Palm Bay, Florida 32905
Home – 321-733-4946
Cell – 321-288-2219

Anthony J. Rossi
131 East 11th Avenue
North Wildwood, New Jersey 08260
Home – 609-522-0052
Cell – 609-972-5879

Jack S. Silar
1122 Woodridge Drive
Hummelstown, Pennsylvania 17036
Home – 717-566-5829
Cell – 717-649-2584

03/16/2005



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Insurance Requirements for Establishing Financial Responsibility for Outdoor Amusements, Events Involving the Use of Tents and Fireworks Displays or use of pyrotechnics for indoor special effects.

In accordance with the Connecticut Statutes, 29-139 and 29-359, Financial responsibility for any of the above activities must be established by filing with the Connecticut Insurance Department a Certificate of Insurance. The Certificate shall set forth that it is being filed to comply with C.G.S. 29-139 and/or 29-359 and shall contain the following provisions:.

I. Must be issued to the Insurance Commissioner, State of Connecticut, at Least 15 days prior to the date of display.

If. Must contain a 10 days written notice of cancellation to be served on the Insurance Commissioner, State of Connecticut. "Endeavor to" is unacceptable.

III. Must cover as additional assured: Any fair or exposition association, sponsoring organization or committee, the owner or lessee of any premises used by the named assured, or any Public Authority granting a permit to the named assured, but only as respects accidents arising out of the business operations of the primary assured. (Use exact wording, not principal names>.

IV. For fireworks displays must also insure any independent contractor who fires the display.

V. For fireworks displays must contain a statement that the insurance policy does not **limit** coverage as to time following the display. If the policy will be issued on a claims made basis, it must provide coverage for the applicable statute of limitations, currently three years (C.G.S. 52-577). beyond the policy expiration date.

VI. If the company issuing the certificate is not Licensed in Connecticut to write coverage for such risks, the company issuing the certificate must be one on the non-admitted insurers list permitted to do business in Connecticut.

VII. Must provide as a minimum the following limits of liability:

Combined Liability, Bodily Injury and/or
Property Damage Per Accident (000 omitted)
ALL CLAIMS MUST BE PAID FROM THE FIRST
DOLLAR BY THE INSURER.

A. Mechanical Rides and Similar Devices Accomodating 1,000
five or more Persons (When Mechanical Rides and similar devices are involved,
leased and booked rides must be covered on certificate).

A.1. Waterslide Amusement Park 5 0 0 B. Fireworks Displays 1,000
Pyrotechnics

Phone: (203) 297-3867
P.O. Box 816 Hartford, CT 06142-0816 *An Equal Opportunity Employer*

Combined Liability, Bodily Injury and/or
Property Damage Per Accident (000 omitted)
ALL CLAIMS MUST BE PAID FROM THE FIRST
DOLLAR BY THE INSURER

C. Outdoor Shows or Events Involving Tents

Areas of Largest Tent (Sq. Ft.)		tents
leased by assured and/or additional		
assureds)		
1	1,500	1,000
1,501	3,000	1,000
3,001	6,000	1,500
6,001	12,000	2,000
12,001	20,000	3,000
20,001	30,000	4,000
30,001 and over		5,000
		6,000

Statutory Agent for Service of Process

Connecticut General Statute 29-138 requires that the Secretary of the State be appointed as agent, upon whom all process is served; prerequisite for the issuance of a license/permit from the Bureau. Affected are out of state applicants in the areas of amusements, tents, fireworks, or any other area where an agent for service of process is required.

PROCEDURE: 1. Applicants will apply directly to the Office of the Secretary of the State for agent of service of process. Such appointment shall be applied for at the beginning of each new season.

(a) Forms necessary to complete this process shall be available from both the Bureau of State Fire Marshal and the Office of the Secretary of State.

2. A plain copy of the appointment shall be submitted to the Bureau of State Fire Marshal prior to the season or with the initial application.

(a) Said appointment will then be kept on file at the Bureau and valid form season. 3.

Instruction for Applicant

(a) Either write or telephone the Bureau of State Fire Marshal if forms are needed, Mail the application to: P.O. Box 2794, Middletown, CT 06457. Phone number is (860) 6858470. Also forms will be available from the Office of the Secretary of the State at (860) 509-6079.

(b) At the beginning of the season the following shall be submitted to the Office of the Secretary of State.

4. The original appointment form

(a) Please make sure that the name of your concern or business is filled in at the top of the form along with your name.

(b) Also make certain that your full address is entered on the form. (P.O. Box is not acceptable.)

(c) Along with the original appointment form, please submit a check for twenty-five dollars (\$25.00) made payable to the Secretary of State. This fee will cover filing charges and a file-stamped plain copy that will be mailed directly to you.

(d) The completed original appointment form and the \$25.00 fee must be forwarded to the following address.

Office of the Secretary of State 30
Trinity Street
Hartford, CT 06106
Attn: Commercial Recording Division (860) 509-6003

5. No cover letter need to be attached to the form, the fee must be sent to the Office of the Secretary of State.
 - (e) Upon your receiving in the mail the plain copy of the appointment issued by the Secretary of State it can be forwarded to the Bureau of State Fire Marshal as mentioned previously in instruction (b).
 - (f) This same procedure will be followed at the beginning of each new season.

Appointment of Agent for Service of Process

Complete Either Section 1 or Section 2

Section 1. Corporations Only

Name of Corporation

State of Incorporation

Principal Place of Business

The corporation appoints the Secretary of the State of Connecticut and his successors in office, to be its agent upon whom all process, in any action or proceeding against it, may be served. The corporation agrees that any process against it which is served on the Secretary of the State shall be of the same legal force and validity as if served on the corporation, **sad** that this appointment shall continue in force as long as any liability remains outstanding against the corporation in Connecticut.

Section 2. Unincorporated Associations or Individuals

Name (under which business will be transacted:

Name of Principal Officer:

Address of Officer:

The above named individual appoints the Secretary of the State of Connecticut and his successors in office, to be his (her) agent for service of process upon whom all process, in any action or proceeding against him (her) which is served on the Secretary of the State shall be of the same legal force and validity as if served on him (her), and that this appointment shall continue in force as long as any liability remains outstanding against him (her) in Connecticut.

Authorization

Name

Title (Pres., Vice-Pres.,
or Sec'y-for corporations, only)

Signed

Personally appeared the

Date

Signed

above named person and

(Notary Public)

acknowledged the same to
be his free act and deed,
before me.